



Emergency Medical Information and Over the Counter Medication Permission Form



STUDENT (please print): _____ **DOB:** _____ **GRADE:** _____

Office use only: **HR** _____

FIRST CONTACT: _____ SECOND CONTACT: _____

Relationship: _____ Relationship: _____

1st Phone: _____ 2nd Phone : _____ 1st Phone: _____ 2nd Phone : _____

If parents above cannot be reached, please call:

#1 CONTACT NAME: _____ #2 CONTACT NAME: _____

Relationship: _____ Relationship: _____

1st Phone: _____ 2nd Phone : _____ 1st Phone: _____ 2nd Phone : _____

Below is a list of the OTC medications we have available at school for occasional use only
This form is required before these medications can be administered at school.
Verbal authorizations for over the counter medication cannot be accepted at any time.

PLEASE INITIAL YOUR CHOICE BELOW

- _____ I approve all medications that are listed below
- _____ I approve **only** the medications I've checked below
- _____ I do not want any OTC medications given to my student

ORAL:

- ___ Ibuprofen (i.e. Advil, Motrin)
- ___ Acetaminophen (i.e. Tylenol)
- ___ Antacid (i.e. Tums, Rolaids)
- ___ Cough Drops (Contains Menthol)

TOPICAL:

- ___ Caladryl Lotion
- ___ Oragel (Contains Benzocaine)

Please list allergies, medical conditions:

Please list medications taken on a regular basis:

Is your chld allergic to any medications: Yes ___ No ___

If yes, please list the medications and reactions:

***** School employees will contact emergency services for above student if needed. *****

Parent Signature _____

Date _____